



11/15/04

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Francis X. Canning
Appl. No. : 09/676,727
Filed : September 29, 2000
For : COMPRESSION AND
COMPRESSED INVERSION OF
INTERACTION DATA
Examiner : Morella I Rosales-Hanner
Group Art Unit : 2128

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service via Express mail in an envelope labeled EV 320129645 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

November 12, 2004

(Date)

Lee W. Henderson

Lee W. Henderson, Ph.D., Reg. No. 41,830

AMENDMENT IN RESPONSE TO THE AUGUST 12, 2004 OFFICE ACTION

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 22 2004

Technology Center 2100

Dear Sir:

In response to the Office Action mailed August 12, 2004, Applicants respectfully submit the following amendments and comments in connection with the above-captioned application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 8 of this paper. A "Replacement Sheet" for each sheet of drawings being amended can be found in the Appendix.

Remarks/Arguments begin on page 9 of this paper.

**AMENDMENT / RESPONSE TRANSMITTAL**

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CERTIFICATE OF EXPRESS MAILING

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Mail Stop Amendment

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

RECEIVED**NOV 22 2004****Technology Center 2100**

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 18 pages, Appendix in 1 page.
- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with eight (8) references.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	33 - 33 = 0	2202 (\$9)	0 x 0 =	\$0
Independent Claims	6 - 6 = 0	2201 (\$44)	0 x 0 =	\$0
Multiple Claim		2203 (\$150)		\$0
			TOTAL FEE DUE	\$0

- (X) A check in the amount of \$180 to cover for the Information Disclosure Statement is enclosed.
- (X) Return prepaid postcard.